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SAN FRANCISCO
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FACSIMILE: 415.268.7522

WWW.MOFO.COM

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FROM: Katherine D. Lee (Reg. No. 44,865)

DATE: March 8, 2007

| | |
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| Number of pages with cover page: | 21 |
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Preparer of this slip has confirmed that facsimile number given is correct: 2451/jxh3**CAUTION - CONFIDENTIAL**

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Contents of this Transmission:

Atty Docket No. 495142000100:

Inventor: Mark W. SLIPP et al.

Application No.: 09/881,513

Filing Date: June 12, 2001

Group Art Unit: 2143

Examiner: D. England

Title: METHOD AND APPARATUS FOR NETWORK CONTENT INSERTION AND
PHASE INSERTION**Document:**

RCE Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Petition for Extension of Time - 3 mos. (1 page)

Amendment (16 pages)

Facsimile Return Receipt Cover

Sender's Initials: KDL3/jxh3

Date: March 8, 2007

sf-2281465

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|--|-------------------------------------|-----------------------------------|
| Effective on 12/08/2004. FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number: 09/881,513 | Filing Date: June 12, 2001 |
| TOTAL AMOUNT OF PAYMENT (\$) 905.00 | | First Named Inventor: Mark W. SLIPP | Examiner Name: D. E. England |
| | | Art Unit: 2143 | Attorney Docket No.: 495142000100 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): | <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|---|----------------------|----------------------|-------------------------|---------------------|--|---------------------|---------------------|---|-----------------|---|---------|--|---|---------------------------|----------------------------------|--|-----------------|----------------------|-----|---|
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | | | | | | | | | | | | | | | |
| | | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | | | | | | | | | | | | | | | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | |
| | | | | | | | 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | |
| | | | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td><u>Small Entity</u></td> </tr> <tr> <td>Fee Description</td> <td>Fee (\$)</td> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> </tr> </table> | | <u>Small Entity</u> | Fee Description | Fee (\$) | Each claim over 20 (including Reissues) | 50 | Each independent claim over 3 (including Reissues) | 200 | Multiple dependent claims | 360 | | | | | |
| | <u>Small Entity</u> | | | | | | | | | | | | | | | | | | | | | |
| Fee Description | Fee (\$) | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) | 50 | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | 200 | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | 360 | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>13</td> <td>- 67 = 0</td> <td>x 25 =</td> <td>0</td> </tr> </table> | | | | | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 13 | - 67 = 0 | x 25 = | 0 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Multiple Dependent Claims</td> </tr> <tr> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>180</td> <td>0</td> </tr> </table> | | Multiple Dependent Claims | | Fee (\$) | Fee Paid (\$) | 180 | 0 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | |
| 13 | - 67 = 0 | x 25 = | 0 | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent Claims | | | | | | | | | | | | | | | | | | | | | | |
| Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | |
| 180 | 0 | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>8</td> <td>- 13 = 0</td> <td>x 100 =</td> <td>0</td> </tr> </table> | | | | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | 8 | - 13 = 0 | x 100 = | 0 | | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | |
| 8 | - 13 = 0 | x 100 = | 0 | | | | | | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td>=</td> <td>0</td> </tr> </table> | | | | | | | | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | - 100 = | /50 | (round up to a whole number) x | = | 0 | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | |
| - 100 = | /50 | (round up to a whole number) x | = | 0 | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | 0 | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 ... | | | | | | | 395.00 | | | | | | | | | | | | | | | |
| 2253 Extension for response within third month | | | | | | | 510.00 | | | | | | | | | | | | | | | |

| | | | |
|-------------------------------------|---|---------------------------|--|
| SUBMITTED BY | | | |
| Signature: <i>Katherine D. Lee</i> | Registration No. (Attorney/Agent): 44,865 | Telephone: (415) 268-6983 | |
| Name (Print/Type): Katherine D. Lee | | Date: March 8, 2007 | |

sf-2281437